



Your child's general anaesthetic

Information for parents and guardians
of children



Your child's general anaesthetic

This leaflet explains what to expect when your child comes into hospital to have an operation with a general anaesthetic. It has been written by parents, patient representatives and anaesthetists, working together.

Anaesthesia and anaesthetists

A general anaesthetic ensures that your child is unconscious and free of pain during an operation or procedure.

Anaesthetists are specialist doctors who give the anaesthetic and look after the health of your child during surgery. They are also closely involved with your child's pain relief after surgery.

Anaesthetics are the drugs that are used to start and maintain anaesthesia.

- Some anaesthetics start with an injection into a vein.
- Other anaesthetics start with breathing a gas.

The staff on the ward can tell you more about how the anaesthetic may be given. They will also explain what other medicines can be given, such as pain relief medicines.

The anaesthetist will ask you about your child's previous experiences with anaesthetics or injections and will ask you and your child if you have a preference for how the anaesthetic is given. He/she will talk to you about which way he/she would prefer to start the anaesthetic. Sometimes there are medical reasons why things have to be done in a certain way.

Nothing will happen unless you understand and agree with what has been planned. You will be able to raise any issues you have on the day of surgery or before.

Your wishes and those of your child are very important.

Preparing your child

There are several things that you can do to prepare your child for coming into hospital.

Unless your child is very young, you should try and explain:

- that they are going into hospital
- that they will be having an operation or investigation
- some basic information about what will happen to them when they are in hospital.

The best time to provide this information will differ between children. Pre-school children probably only need to know the day before. Older children may need more time.

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Some hospitals offer you and your child the chance to visit the children's surgery ward before the day of the operation. This is a good way to help prepare. Many hospitals have play staff who can give explanations and encourage discussion through play.

Some ideas of what to say to your child:

- explain that the operation or test will help your child to get better
- encourage your child to talk about the operation and ask questions. Books, games and stories can help. There are resources such as colouring sheets on the websites given at the start of this leaflet
- tell your child about timing: when will he/she have the operation or investigation? How long will their stay in hospital be?

If your child will be staying in hospital overnight, let him or her know if you will be able to stay too.

Preparing for admission

The hospital should give you clear instructions about when to stop your child eating and drinking. It is important for you/your child to follow these instructions. This is because if there is food or liquid in your child's stomach during the anaesthetic, it could come up into the back of the throat and damage his or her lungs.

Children are much more comfortable if they do not have to wait longer than necessary without food and drink. The following are generally agreed timings for when you can give your child something to eat or drink before non-urgent surgery.

- Six hours before, your child can have a light meal or a glass of milk. Bottle-fed babies can have formula feed.
- Four hours before, babies can have breast milk.
- One hour before, children should have a drink of water or very dilute squash.

Not well on the day?

Please phone the hospital if your child develops a significant cough or cold, or diarrhoea or vomiting within a few days of the day of the operation. It may be best to delay the operation until they are better.

Please let staff at the hospital know if your child has been in recent contact with chicken pox.

On the day of admission

An anaesthetist should visit you before the procedure to discuss your child's anaesthetic.

The anaesthetist needs to find out about your child's general health, previous experiences of anaesthesia, any medicines your child is taking and any allergies he or she has.

This is a good time to talk about any particular concerns you have about the anaesthetic. You may find it helpful to make a list of questions you want to ask.

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Delaying the operation or investigation

Occasionally, the anaesthetist may learn something about your child that means it would be safer not to do the procedure on that day. This could happen if your child has a cold or develops a rash. If your child has eaten food too recently, the operation will be delayed or postponed until another day.

Pre-medication ('pre-med')

This is the name for drugs that are given before an anaesthetic.

Some pre-meds help your child to relax. Pain relief drugs may also be given as a pre-med, or the anaesthetist may suggest an extra dose of treatment for illnesses such as asthma.

Most pre-meds are given as liquid medicines.

Local anaesthetic cream

Nearly all children will have 'magic cream' put on the back of their hands. This is also called 'Ametop' or 'EMLA'. It takes 30–60 minutes to work.

This cream reduces the pain of the injection when a cannula is placed in your child's hand or arm. It works well in reducing the pain in 9 out of 10 children.

Going to theatre

Your child may be able to wear his or her own clothes to the operating theatre. Most hospitals provide colourful gowns to wear. Your child may be able to keep their underwear on. Your child may walk to the anaesthetic room, or may travel on a bed or hospital trolley, or be carried.

In the anaesthetic room

A nurse from the ward will accompany you and your child to the anaesthetic room. Your child will be able to take a toy or comforter.

If you wish, you will usually be welcome to stay with your child until he or she is unconscious. There are a few circumstances when this will not be possible.

You do not **have** to accompany your child to the anaesthetic room. A ward nurse or play therapist will go along if you do not wish to go.

The anaesthetic may be started while your child is lying on a trolley. Smaller children may be anaesthetised sitting on your lap. Staff would then help you lift him/her onto the trolley.

The anaesthetist will use either gas or an injection through a cannula to start the anaesthetic. This will have been agreed with you beforehand. Most older children will have an injection through a cannula.

If a cannula is used, your child will normally become unconscious very quickly indeed. The anaesthetist will then use a mask to continue the anaesthetic.

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If the anaesthetic is started with gas, the anaesthetist generally uses a mask to give the gas, or he/she may pass the gas through a cupped hand gently placed over your child's nose and mouth. Anaesthetic gases smell similar to felt-tip pens. It normally takes a little while (one to two minutes) for the anaesthetic to take effect. It is normal for the child to become restless during this time. Staff will help you hold your child gently but firmly.

You will then be asked to leave the anaesthetic room. A member of staff will be with you as you leave.

What happens next?

Your child will be taken into the operating theatre to have the operation or procedure.

The anaesthetist stays with your child. He/she will monitor your child's blood pressure, pulse and breathing closely throughout the procedure, ensuring that he or she is safe and fully anaesthetised.

In the recovery room

Most children wake up in a recovery room. The anaesthetist is close by and can help if needed.

Each child is cared for by a specialist nurse who makes sure your child is comfortable. She will give extra pain relief and anti-sickness medicines as needed. You will be called to be with your child during the waking up process.

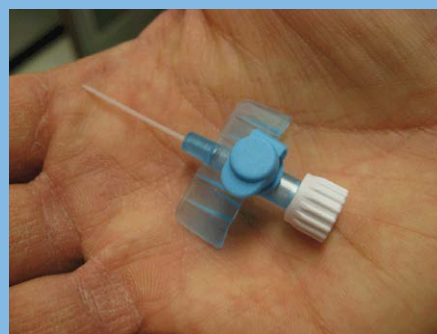
Distress on waking

Many children show some signs of confusion and/or distress when they wake up. This is more likely in younger children.

A few children become very agitated. They may cry and roll about or wave their arms and legs. This behaviour may last around 30 minutes. The recovery room nurses are experienced at looking after children at this time. They will consider whether more pain relief will help. They will advise you on how best to comfort and reassure your child.

If a child wakes in distress this is naturally worrying to parents and carers. It would be worth telling your anaesthetist if your child has experienced this type of distress in the past so that they can discuss ways that it might be avoided in the future.

A cannula is a thin plastic tube that is placed into a vein under the skin, usually on the back of the hand. A needle is used to put the cannula in, but the needle is removed immediately, leaving only the soft cannula in place. It can be left in place for hours or days, so that drugs and fluids can be given as needed.



A face mask:



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Pain relief

Pain relieving drugs are given during the anaesthetic to ensure that your child wakes up as comfortable as possible. The type of pain relief will depend on the procedure.

The anaesthetist, surgeon and/or ward nurses will talk to you about the best type of pain relief for your child.

Going home

It is often possible for your child to return home on the day of the operation or procedure.

You will be provided with pain relief medicines as needed, or staff may check what you have at home already. Staff should make sure that you know how to give the pain relief medicines. It is usually best to give pain relief medicines regularly.

Some children feel sick or may be sick on the journey home. It is useful to be prepared!

If you are taking your child home on the day of the operation, you should be given a contact number to ring if you have concerns about your child at home.

Afterwards

Some children find a hospital visit worrying. A few children do not sleep well after a stay in hospital. They may be clingy and worried about leaving you. Their behaviour may be more difficult than before. This will usually return to normal within three to four weeks.

Side effects

In modern anaesthesia, serious problems are uncommon. Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may feel sick or have a sore throat. These usually last a short time. Medicines to treat sickness are available and often given.

For a child in good health having minor surgery:

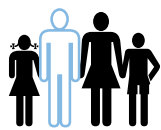
- 1 child in 10 experiences a headache or a sore throat
- 1 child in 10 experiences sickness or dizziness
- 1 child in 5 becomes agitated on waking
- around 1 child in 10,000 develop a serious allergic reaction to the anaesthetic
- the risk of death from anaesthesia for healthy children having minor or moderate non-emergency surgery is less than 1 in 100,000. See the following leaflet available via the College website for further information:

www.rcoa.ac.uk/document-store/death-or-brain-damage.

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Risks and complications

People vary in how they interpret words and numbers. This scale is provided to help.



Very common	Common	Uncommon	Rare	Very rare
1 in 10 Someone in your family	1 in 100 Someone in a street	1 in 1,000 Someone in a village	1 in 10,000 Someone in a small town	1 in 100,000 Someone in a large town

The likelihood of a serious risk or complication is higher if your child has a serious illness, or is under the age of 1 and/or having a major operation.

Children with significant illness, or babies having surgery sometimes have particular risks associated with the anaesthetic. The anaesthetist can discuss this with you before the operation. Modern equipment, training and drugs have made having an anaesthetic very safe although all risk cannot be removed completely.

There is ongoing research into the possible long term effects of anaesthesia in babies and very young children. At present there is no strong evidence of harm, and it is important to consider that any risk should be balanced against the overall importance of providing anaesthesia for a procedure or surgery. You may wish to look at the following for further information from the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI): *Long-term Effects of Anaesthesia on Infants and Young Children: Information for Parents* (bit.ly/2xFWISb).

Information about the general risks of having an anaesthetic for older children and young people is available in the booklet *Anaesthesia explained*:

www.rcoa.ac.uk/document-store/anaesthesia-explained

You can find more information leaflets on the College website www.rcoa.ac.uk/patientinfo. The leaflets may also be available from the anaesthetic department or pre-assessment clinic in your hospital.

There are also three leaflets for children available to download from the College website via: www.rcoa.ac.uk/childrensinfo.

- Rees Bear has an anaesthetic.
- Davy the detective: finding out about anaesthetics.
- General anaesthesia: a brief guide for young people.

Other useful organisations are the Association of Paediatric Anaesthetists of Great Britain and Ireland (www.apagbi.org.uk/children-and-young-people) and Action for Sick Children (www.actionforsickchildren.org).

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Risks associated with your anaesthetic

The following are leaflets about specific risks associated with having an anaesthetic or an anaesthetic procedure. They supplement the patient information leaflets listed above and are also available via the College website: www.rcoa.ac.uk/patientinfo.

- Feeling sick.
- Sore throat.
- Shivering.
- Damage to teeth, lips and tongue.
- Damage to the eye during general anaesthesia.
- Post-operative chest infection.
- Becoming confused after an operation.
- Accidental awareness during general anaesthesia.
- Serious allergy during an anaesthetic (anaphylaxis).
- Headache after a spinal or epidural injection.
- Nerve damage associated with having an operation under general anaesthetic.
- Nerve damage associated with a spinal or epidural injection.
- Nerve damage associated with peripheral nerve block.
- Equipment failure.
- Death or brain damage.

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Tell us what you think

We welcome suggestions to improve this leaflet. If you have any comments that you would like to make, please email them to patientinformation@rcoa.ac.uk

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